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Andrea **WON****Facsimile Transmission Cover Sheet**

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Subject Matter : **US Patent Application Number: 10/065,212**
Amendment made in response to Office Action dated November 08, 2006

Total Pages : **15 pages**
(including cover sheet)

Attachments : a) **Certificate of Transmission**
b) **Transmittal Form**
c) **Fee Transmittal**
d) **Amendment made in response to Office Action dated November 08, 2006**

PTO/S&P/09-03)

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- a) Transmittal Form
- b) Fee Transmittal
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
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/085,212	RECEIVED CENTRAL FAX CENTER FEB 08 2007
	Filing Date	September 28, 2002	
	First Named Inventor	Raj Kumar JAIN	
	Art Unit	2827	
	Examiner Name	Thong Quoc LE	
Total Number of Pages in This Submission	15	Attorney Docket Number	2000P19188US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Horizon IP Pte Ltd		
Signature			
Printed name	Dexter CHIN		
Date	February 08, 2007	Reg. No.	38,842

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Signature			
Typed or printed name	Andrea WON	Date	February 08, 2007

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

Complete if Known

Application Number 10/065,212
Filing Date September 26, 2002
First Named Inventor Raj Kumar JAIN
Examiner Name Thong Quoc LE
Art Unit 2827
Attorney Docket No. 2000P19188US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-2388 Deposit Account Name: Horizon IP Pte Ltd

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)
Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)

Multiple Dependent Claims Fee (\$)

- 20 or HP = x =

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 6 Extra Claims Fee (\$)

Fee Paid (\$)

7 - 9 or HP = 1 x 200 = 200.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

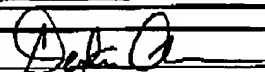
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

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Signature



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38,842

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Name (Print/Type)

Dexter CHIN

Date February 08, 2007

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